

VFW POST #1650 VETERANS RELIEF FUND

Standard Request for Assistance Form (please fill out form completely)



Date _____

Name of Person/Entity (requestor) to who support is to be provided:

DOB: _____

Address: _____

City: _____

State: _____

zip: _____

Provide copy proof of residency (DL/Photo)

Yes No

VFW Membership #: _____

Number of members living in the house hold: _____

Are you currently employed/ Receiving other forms of income (SS, retirement, disability)? _____

Verification of military service

VFW Membership card

VA ID

Military ID

DD214

Membership # _____

ID # _____

ID # _____

Service # _____

Total value of Request (required): _____

Type of Request

- Monetary:

Purpose of intended use: Utility bills Transportation Housing

Emergency Crisis Health Care Other (Please Explain): _____

Please state concisely and specifically purpose of Request for Relief: _____

- Labor/Service (please provide explanation of request)

- Other (Please)

When does a decision/contribution need to be made by? _____

Have you previously received assistance from the VFW post#1650? Yes No

If you answered yes, please indicate the amount provided and date.

Amount Provided: _____ Month/ year: _____

Next of Kin

Contact person: _____

Contact Title/relationship to requestor: _____

Phone: (_____) _____ Fax: (_____) _____

E-Mail: _____

What are you doing to improve your quality of life? _____

Other questions or comments: _____

COMPLETED BY THE VWF RELIEF COMMITTEE

Date received: ____/____/____ Received by (staff name): _____

Reviewed by committee: ____/____/____

Reviewed by Membership: ____/____/____

Approved: Yes No

If approved, contribution date: ____/____/____

Approved contribution value: _____

Made via (check, services, etc): _____

Details/Notes
